



FOR DMV USE ONLY

Destroy all previous versions of this form.

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☐ **NOTICE OF PRIORITY RE-EXAMINATION OF DRIVER** (Driver Incapacity)

The driver listed below committed a violation of the California Vehicle Code (CVC) §§21000 through 23336 and should be re-examined pursuant to CVC §21061. At the time of the violation, the driver exhibited evidence of incapacity which reasonably led me to believe that this person is not capable of operating a motor vehicle without presenting a clear or potential danger, or risk of injury to himself/herself or others. As required by law, on the date below, I issued a copy of this Notice of Priority Re-examination/Notice of Suspension for Non-Compliance to the driver listed below.

The driver does not have to be cited for one of the above CVC sections. Please indicate evidence of the incapacity in the Summary area below. If the driver was involved in a traffic accident, attach a copy of the report. You must give a copy of this form to the driver.

If this form is being issued as a Notice of Priority Re-examination/Notice of Suspension for Non-Compliance, immediately fax the document (if fax available) to the Driver Safety Office nearest the driver's home (see reverse), then mail the original Notice to the same office.

NOTICE OF SUSPENSION FOR NON-COMPLIANCE

INSTRUCTIONS TO DRIVER

If the above box is checked, you must contact the Department of Motor Vehicles (DMV) for a re-examination under CVC §§12818 and 12819. If you do not call or appear within five (5) working days, your privilege to drive in this state will be suspended until you satisfactorily complete a re-examination. SEE IMPORTANT PRIORITY RE-EXAMINATION INFORMATION ON THE REVERSE SIDE OF THIS FORM.

☒ **REQUEST FOR REGULAR RE-EXAMINATION OF DRIVER** (Officer's Instructions on reverse.)

The driver listed below should be re-examined by DMV, but does not require a Priority Re-examination.

DATE 10/25/21	TIME 1807	DRIVER LICENSE NO. [REDACTED]	STATE CA	BIRTHDATE [REDACTED]
NAME (FIRST, MIDDLE, LAST) TROY WILKES				
[REDACTED]				
STATE		ZIP CODE	DRIVER'S DAYTIME PHONE NO.	
LOCATION OF INCIDENT HILLSDALE / SARATOGA - SAN MATEO				
ANY NOTICE TO APPEAR NO. (IF CITATION ISSUED, ATTACH COPY)				
ACCIDENT/ARREST NO. (ATTACH COPY IF APPLICABLE)		CITY	COUNTY	

OBSERVED DRIVING BEHAVIOR—Check appropriate boxes for driving problems you observed: (Use space below if needed for additional comments.)

- | | |
|---|--|
| ☒ Responding incorrectly to Emergency Signal/Lights
☐ Drifting or weaving in and out of lanes
☐ Caused, or nearly caused, collision
☐ Not reacting to other cars, pedestrians, etc.
☐ Driving on wrong side of road
☐ Driving on sidewalk
☐ Driving in wrong lane
☐ Driving too slow, impeding traffic
☐ Failed to stop at red light/stop sign
☐ Unsafe/inappropriate lane change
☐ Inappropriately stopped | ☐ Failed to yield right-of-way
☐ Lost control of vehicle
☐ Struck stationary object
☐ Failed to go on green light
☐ Driving without lights during darkness
☐ Made turn from wrong lane
☐ Fell asleep while driving
☒ Violent or aggressive driving
☐ Not adequately controlling vehicle
☐ Other Observations |
|---|--|

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DRIVER CONDITION (Observations after Stop/Collision)—Check all appropriate boxes below. Please use the space below to provide specific details, if known, and the driver's medical (physical or mental) condition such as name of disease or illness, any medications taken, etc.

- | | |
|---|---|
| ☐ Confused, disoriented, incoherent, or unaware of actions
☒ Reported/Observed Medical Condition
☐ Little or no recollection of incident
☐ Medicated
☐ Vision Condition/Visual Impairment
☐ Mental/Emotional Condition
☒ Driver reported he/she did not see cars, pedestrians, etc.
☐ Difficulty Walking
☐ Weakness or Coordination Problems | ☐ Alcohol/Drug Use (Describe below)
☐ Confused by traffic
☐ Lost or confused while driving near home
☐ Blackout/Seizure/Fainting
☐ Driver appears to need help with hygiene and/or dressing appropriately
☐ Other Observations |
|---|---|

SUMMARY: You may use the space below to further describe actions of the driver which led you to believe a re-examination is needed - describe any impairment, serious physical injury or illness, mental impairment or disorientation. Describe any traffic law violations whether or not a citation was issued.

DRIVER WITNESSED DRIVING A MOTORCYCLE WITH ROLLER SKATES. AS A MOTORCYCLE OFFICER, I RECOGNIZE THIS TO BE UNSAFE OPERATION OF A MOTORCYCLE. DRIVER WAS STOPPED AND BECAME UPSET BECAUSE HE CLAIMED HIS HANDICAP ALLOWS HIM TO RIDE HIS MOTORCYCLE WITH SKATES. I DISAGREED BASED ON OBSERVATIONS AND PERSONAL EXPERIENCE. DRIVER REFUSED TO SHOW HOW HE SAFELY OPERATES THEM.

STREET ADDRESS SAN MATEO PD		CITY SAN MATEO		ZIP CODE 94403
OFFICER NAME (PLEASE PRINT) J. JOLIVETTE		BADGE OR I.D. NUMBER 177		

I certify (or declare) under penalty of perjury under the laws of the State of California that the information I have provided is true and correct.

OFFICER'S SIGNATURE X [Signature]	DATE 10/25/21	DATE FAXED 10/25/21	DO YOU WISH TO BE NOTIFIED OF RESULTS? ☒ Yes ☐ No
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